

Resources

Understanding & Managing Vaginal Dryness: repagyn.ca/resources/

A lifestyle resource dedicated to women and vaginal health:
www.facebook.com/repagyn

The Society of Obstetricians & Gynaecologists of Canada (SOGC):
www.sogc.org

North American Menopause Society:
www.menopause.org

References

Vaginal dryness—Mayo Clinic:
mayoclinic.org/symptoms/vaginal-dryness/basics/definition/sym-20151520

Managing Vaginal Dryness brochure:
repagyn.ca/repagynbrochure

Replens information:
replens.com/Why-Try-Replens/Default.aspx

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Of course, these are not appropriate for any woman who has had a hormone-dependant cancer, due to increased risk of a return of the cancer. Your doctor would assess your risk factors vs benefits from this therapy before prescribing. If estrogen is only needed for vaginal problems, generally a very low dose is used, and the treatment is inserted into the vagina or applied directly to the area.

Potential Treatments:

Vaginal Lubricants: Immediate short-term relief

Longer-Lasting Lubricants: Recommended for women with ongoing symptoms

Vaginal Moisturizers: Lubricates & promotes healing of the vaginal mucosa

Hormone Treatments: Usually reserved for women who don't find sufficient relief from non-prescription treatments

Effective treatments are available in any pharmacy without a prescription. So don't be shy—it's OK to ask to speak to your pharmacist in a private area about your health problems. And talk to your partner about any dryness, even temporary, so they will understand and help too.

However, if you aren't getting relief from non-prescription treatments you've tried, ask your doctor or other health practitioner for advice. He/she can prescribe higher-level hormone treatments if needed. Remember vaginal dryness is a fixable problem.

What does vaginal dryness feel like?

Women will commonly notice pain or discomfort during sexual intercourse because of a lack of lubrication. This can lead to a loss of interest in sex, since it is no longer pleasant and sometimes downright painful. Some women will notice light bleeding after intercourse, due to small tears in the vaginal lining caused by friction.

In worse cases of vaginal dryness, women will notice ongoing soreness and/or irritation. They may also experience vaginal itching, stinging or burning. Just the friction of clothing against the area can even become uncomfortable.



Vaginal dryness: treatment options



What causes vaginal dryness?

The cells that line the vagina grow in response to the hormone estrogen, making the vagina walls thicker and more elastic. These cells also produce moisture called mucus, much like the inside of our nose and other “inside linings” in various parts of the body. When estrogen levels drop, though, these cells slow down their growth and mucus production, resulting in a thinner lining and less mucus to lubricate and keep the area moist as it should be.

This moisture is moderately acidic and this helps prevent infections. It also helps sperm survive and travel through the woman’s genital system, making mucus production important for those who are trying to become pregnant.

Low estrogen levels, such as women often experience after menopause, are a common reason for vaginal dryness, but menopause is not the only reason.

Women can notice more dryness any time estrogen levels are falling, such as during breastfeeding, after childbirth, with heavy cigarette smoking (another reason to quit!), during depression or excessive stress, with immune system disorders (such as Sjogren syndrome), during some cancer treatments (for example, hormone blocking therapy, chemotherapy or radiation to the pelvis), and after surgical removal of the ovaries.

Some women will even notice less mucus being produced during parts of their normal cycle, as estrogen cycles through its normal ups and downs. Estrogen is highest at the time of ovulation, roughly at day 14 of a normal cycle (although this varies from woman to woman) and lowest when her period begins.

Women can use this mucus production to predict how high their estrogen is, and when they have ovulated. After the menstrual period, estrogen and mucus production gradually increase. The highest or “peak” production of mucus occurs when a woman is ovulating, and the mucus changes in colour from clear, slippery in texture, and “stretchy”; to creamy, yellowish/white and non-stretchy immediately after ovulation occurs. (“Stretchy” refers to the ability of estrogen mucus to form strings when stretched between 2 pieces of toilet paper.)

Being dehydrated or taking medications that cause mouth dryness, like decongestants and some antidepressants, can also cause the vagina to be dryer.

These “anticholinergic” medications that reduce secretions throughout the body as a side effect, provide a helpful action for a stuffy, runny nose in the case of decongestants. Drinking extra water throughout the day can help reduce this drying side effect when it is bothersome.

How is vaginal dryness treated?

There are several different types of products that can be helpful for vaginal dryness. I think of these as “steps” to progress through, depending on how bothersome the dryness has become:

Vaginal Lubricants

(e.g. KY Jelly, Taro Gel, other generic brands)—I refer to these as the “lowest level” of treatment. Think of lubricants as a replacement for the mucus that is missing. Lubricants can give immediate relief, but the effect doesn’t last long. They are useful before or during intercourse and can be inserted or applied to the outer area of the vagina or applied to the man’s penis before entry. Water based products (essentially water with a gelling agent or silicone added) are both effective and recommended over oil-based products like vaseline, mineral oil, or other oils. Note that oils can break down latex products like condoms, increasing the risk of breaking.

Longer-Lasting Lubricants

(e.g. Replens®)—I think of these as the next step in vaginal dryness treatment, and would be recommended for women with ongoing symptoms. When inserted, these products adhere to the walls of the vagina for several days. They are recommended to be used every 3 to 4 days for continuous relief of symptoms.

Vaginal Moisturizers

(e.g. RepaGyn® vaginal suppositories)—When you need more than just lubrication, a moisturizing product may work better. Moisturizers contain ingredients that

“plump up” the cells of the vaginal lining, helping to heal and thicken the lining while providing moisture. RepaGyn® has been demonstrated to promote healing after gynecological procedures including chemotherapy and radiation. It helps relieve dryness and helps to promote healing of vaginal mucosa, similar to estrogen therapy, but without hormones. RepaGyn® comes as a suppository, which can be inserted 2 or 3 times a week, making it less messy and more convenient to use than gels.



Hormone Treatments

(Estrogen creams, suppositories, rings, patches, tablets)—These are usually reserved for women who don’t find sufficient relief from non-prescription treatments, like lubricants or vaginal moisturizers, or who have additional bothersome symptoms such as urine leakage, hot flashes, night sweats, etc. Since these symptoms are often caused by menopausal hormone changes, women may benefit from replacing hormones, either vaginally or systemically (by mouth or through the skin as a patch or gel).

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